



# SMOKING KILLS AND CHEWING TOBACCO CAUSES CANCER (A STUDY OF THE PREVALENCE OF TOBACCO USE IN IMPHAL CITY)

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## ABSTRACT

Tobacco is an agricultural product and one of the most important commodities worldwide. Tobacco (Tambaku, Tamak or hidak mana in local name) is obtained from the leaves of two plant species of the genus *Nicotiana*, e.g., *Nicotiana tabacum* and *Nicotiana rustica*. It belongs to family Solanaceae. It is consumed in the form of smoking, chewing, snuffing or dipping (Mitra, 1997). Tobacco is a native plant of the America and there is evidence indicating the use of tobacco from pre-historic times (Chakaya, 2001). Tobacco plant was first introduced into Europe in 1556; from there it spread gradually to Africa, Asia and Australia. It is addictive as it contains an alkaloid called nicotine. In addition to nicotine, tobacco contains over 23 known carcinogens and more than 4000 chemicals (Jacobson, 1983). The danger of tobacco use is recognized and well documented for practically in all living creatures, including man, and should be avoided, yet this weed has been able to conceal its poison so that millions of men and women are made to believe that it is harmless (Kellog, 2002).

Tobacco has been recognized as the second major cause of death and one of the world's major health hazards. It is the largest preventable cause of death in the world. It kills more people each year around the world than AIDS, drug abuse, road traffic accidents, murders and suicide combined (Mackay et al, 2002). About 5 million people worldwide die every year from tobacco related diseases. If current trend continues, there will be one death every three seconds by 2030 and a third of them in developing countries (WHO, 1999).

**KEY WORDS:** Smoking, tobacco, cancer, Imphal city, prevalence.

## INTRODUCTION:

Tobacco use is one of the greatest burdens to the health and well-being of the society around the world. At present tobacco kills more than half a million women per year worldwide. In several countries, lung cancer has already surpassed breast cancer as the leading cause of cancer deaths among women (WHO, 1997). The pattern of tobacco use for both men and women are practically the same across the developing countries. Historical, anthropological and contemporary data for western and non-western societies show that in most cultures, tobacco use has been more common in men than women (Kaplan et al, 1990). However, in developed countries this trend has changed and smoking rates are similar for both sexes. For example in Sweden, the 1998 statistics shows more women (22.3%) smoke compared to men (17.1%) (World Bank Fact Book).

The current global trends indicate that the use of tobacco is declining in the developed countries as control measures take effect. So tobacco companies are stepping up marketing in developing countries. As a result, the use of tobacco is increasing especially among adolescents of the developing countries. Tobacco is unquestionably the substance responsible for the most persistent and most widespread drug dependence, far ahead of alcohol, marijuana, heroin and cocaine (WHO SEAR, 2000).

The overwhelming majority of smokers begin using tobacco before they reach adulthood. Among those young people who smoke, nearly one quarter smoke their first cigarette before they reach the age of 10 years. Several factors increase the risk of smoking in the youth. These include tobacco advertisement and promotion, easy access to tobacco products and low prices (Mackay et al, 2002).

## Problem statement:

### Global trends:

The tobacco epidemic is one of the biggest public health threats the world has ever faced. It kills nearly six million people a year of whom more than 5 million are users and ex-users and more than 600000 are non-smokers exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco and this accounts for one in 10 adult deaths. Up to half of current users will eventually die of a tobacco-related disease. Nearly 80% of the more than one billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest (WHO, 2012).

According to WHO (1999), nearly one out of five people on the planet smoke cigarettes; an estimated 800 million of these in developing countries. It is estimated that one third of the adult population in the world, of whom 200 million are females, are smokers. Globally, 47% of men and 12% of women are smokers. The proportion of the population who are smokers varies in the developed and developing world and from country to country. In the developing countries, 48% men and 7% women are smokers while in the developed countries the corresponding percentages are 42% and 24% respectively.

Tobacco consumption is estimated to be increasing by 2% a year worldwide, with the biggest rise occurring in the developing countries and Eastern Europe.

Between 1971 and 1991, the per capita consumption of cigarettes in developing countries increased by an average of 2.5% a year. (WHO report SEAR, 2000)

## Tobacco use trends in India:

GATS India (2009-2010) revealed that more than one-third (35%) of adults in India use tobacco in some form or the other. Among them 21 percent adults use only smokeless tobacco, 9 percent only smoke and 5 percent smoke as well as use smokeless tobacco. Based on these, the estimated number of tobacco users in India is 274.9 million, with 163.7 million users of only smokeless tobacco, 68.9 million only smokers, and 42.3 million users of both smoking and smokeless tobacco. The prevalence of overall tobacco use among males is 48 percent and that among females is 20 percent.

## Objectives:

The general objective of the study was to determine the prevalence and patterns of tobacco use (both smoked and smokeless) among the adults in an urban area in Imphal City of Manipur.

The specific objectives of the study were

- To determine the prevalence of tobacco use among adults in an urban community in Imphal, Manipur
- To determine the pattern of tobacco use
- To assess awareness on harmful effects of tobacco use
- To determine the association between tobacco use and socio-demographic variables of interest like age, sex, education, occupation, marital status, family income and presence of another tobacco user in the family.

## Hypothesis:

There is an association between socio-demographic characteristics and tobacco use among adults in an urban community in Imphal City, Manipur. There is association between knowledge about harmful effect of tobacco and tobacco use among adults in an urban community in Imphal, Manipur. There is an association between presence of another tobacco user in the family and tobacco use among adults in an urban community in Imphal, Manipur.

## METHOD:

Manipur is one of the north eastern states of India with a population of about twenty five lakhs. Manipur shares its international border with Myanmar. Imphal is the capital city of Manipur is the nodal functional centre of this District. The study was based on multi stage random sample conducted in Imphal City of Manipur, India. A sample size of 403 was calculated using random sampling method. The sampling frame was prepared from the most recent electoral roll of Manipur (Imphal municipality 2016). By using computer generated random numbers 403 individuals were selected from the sampling frame. The adults who are aged 18 years and above residing in the urban community were included in the study. Any person who refused to participate in the study or could not be con-

tacted on two visits were excluded from the study.

## RESULT:

The prevalence of tobacco use in this study was found to be 66.3%. More than half of the respondents (66.3%) were ever user of tobacco and less than half of the respondents (33.7%) were non users. Majority of the respondents (95.5%) were current user of tobacco and only 4.5% were past users. Smokeless tobacco was the most commonly used form of tobacco. Majority of the user (79.4%) use smokeless tobacco followed by smoking (7.1%) and both smoke and smokeless (13.5%). Zarda paan was the most commonly used smokeless tobacco product. It was used by more than half of the tobacco users (52.6%), followed by khaini (15.7%), talab (13.6%), cigarette (11.9%), bidi (3.1%) and tobacco with betel leaf and quid (3.1%).

Males were more likely to smoke and chew tobacco as compared to females (88.9% & 11.1%). Majority of the respondents (37.5%) have been using tobacco for a period of 1-5 years and (31.1%) have been using it for more than 10 years. Only two (0.7%) were using it for less than 30 days. Of the ever users of tobacco majority of the respondents (80.1%) were daily users followed by less than seven times a week (13.5%), less than thirty times in a month (4.5%) and few times in a year (1.9%).

The mean age of initiating tobacco was found to be 24.72(±9.718) years. Minimum and maximum age of first use was found to be 8 years and 61 years, respectively. The most common influencing factor of tobacco use was peer pressure (45.8%) followed by experimentation (24.1%), imitation of others (20.1%), to relieve nausea (1.9%), to relieve stress (1.3%) and fashion (1.3%). Only few respondents (4.5%) stated that there were no influencing factors for the tobacco use.

Majority of all the respondents (58.6%) had no other member in the family who uses tobacco. Less than half of the respondents (41.4%) were living in a family where at least one member uses tobacco. Majority of the tobacco users said that home is the usual place where they used tobacco (75.9%) followed by work place (11.3%) and friend's house (9.1%). Only few uses it in school and college (1.6%), uses it outside or roadside (1.2%) and uses it anywhere they want (0.9%).

Majority of the ever user of tobacco belong to the age group of 40-49 years (75.7%) as compared to the other age groups. It was seen that the prevalence of tobacco use increases with increase in age up to 49 years and then it declines after 50 years. Ever users were more among the males (77.6%) as compared to females (58.7%). The highest number of ever users (76.1%) were found among those who were having an educational status of less than class X followed by illiterate (74.4%), graduate and above (61.8%) and class X-XII (56.8%). Majority of the ever users were married (73.5%) and less than half (45.0%) were unmarried. Manual labourers (88.4%) had the highest proportion of ever users as compared to other occupation like Government employed (84.6%), self employed (82.6%), Unemployed/housewife (65.7%), Private sector employed (63.2%) and student (30.9%). Ever user of tobacco was highest among those individuals who had a monthly family income between Rs 5000 and Rs 10000 as compared to other income groups. In general, tobacco use was found to be significantly associated with age, sex, education, occupation, marital status, knowledge of harmful effects of tobacco and presence of another tobacco user in the family.

## CONCLUSION:

With the growing burden of tobacco related diseases and deaths worldwide, interventions become a necessity. Population data of prevalence estimates of tobacco use, pattern of tobacco use, and determinants of tobacco use are important baseline information that influences policy decisions on development and implementation of tobacco control strategies. The high prevalence of tobacco use especially the chewing form of tobacco warrants implementation of culturally specific tobacco control activities with special focus on the female population. Interventions should restrict people from using tobacco and protect the non-users from environmental smoke inhalation by providing adequate information to make choices. Educational programs focusing on all forms of tobacco (both smoked and smokeless) should be planned and implemented both in schools and in the community to increase the awareness of the people. Special attention should be paid to adolescents as tobacco use starts in adolescence. Action should be taken to educate people about the use of tobacco, focusing not only on discouraging people from taking up the habit, but also on providing help and support to those who wish to quit. There is a need to develop multi-factorial strategies to contain the tobacco epidemic focusing on early age intervention and covering the users along with his surrounding environment.

## REFERENCES:

1. Ahmad K, Jafary F, Jehan I, Hatcher J, Khan AQ, Chaturvedi N, Jafar TH: Prevalence and predictors of smoking in Pakistan: results of the National Health Survey of Pakistan; Eur J Cardiovasc Prev Rehabil. 2005 Jun; 12(3): 203-8.
2. Alam AY, Iqbal A, Mohamud KB, Laporte RE, Ahmed A, Nishtar S: Investigating socio-economic-demographic determinants of tobacco use in Rawalpindi, Pakistan; BMC Public Health. 2008 Feb 7; 8:50.
3. Al-Kubaisy W, Abdullah NN, Al-Nuaimy H, Halawany G, Kurdy S: Epidemiological study on tobacco smoking among university students in Damascus, Syrian Arab Republic; East Mediterr Health J. 2012 Jul; 18(7): 723-7.

4. Al-Matubsi HY, Kanaan RA, Hamdan F, Salim M, Oriquat GA, Al Hanbali OA: Smoking practices in Jordanian people and their impact on semen quality and hormonal levels among adult men; Cent Eur J Public Health. 2011 Mar; 19(1):54-9.
5. Almeida L, Szklo A, Sampaio M, Souza M, Martins LF, Szklo M, Malta D, Caixeta R: Global Adult Tobacco Survey data as a tool to monitor the WHO Framework Convention on Tobacco Control (WHO FCTC) implementation: the Brazilian case; Int J Environ Res Public Health. 2012 Jul; 9(7):2520-36.
6. Amos A, Greaves L, Nichter M, Bloch M: Women and tobacco: a call for including gender in tobacco control research, policy and practice; Tob Control. 2012 Mar; 21(2):236-43.
7. Azevedo e Silva G, Valente JG, Malta DC: Trends in smoking among the adult population in Brazilian capitals: a data analysis of telephone surveys from 2006 to 2009; Rev Bras Epidemiol. 2011 Sep; 14, Suppl 1:103-14.
8. Baddoura R, Chidiac CW: Prevalence of tobacco use among the adult Lebanese population: Eastern Mediterranean Health Journal. 2001; 7: 819-28.
9. Basu M, Das P, Mitra S, Ghosh S, Pal R, Bagchi S: Role of family and peers in the initiation and continuation of smoking behavior of future physicians; J Pharm Bioallied Sci. 2011 Jul; 3(3): 407-11.
10. Bell RA, Spangler JG, Quandt SA: Smokeless tobacco use among adults in the Southeast; South Med J. 2000 May; 93(5):456-62.
11. Benjamins MR, Buck AC: Religion: a sociocultural predictor of health behaviors in Mexico; J Aging Health. 2008 Apr; 20(3):290-305.
12. Bhojani UM, Chander SJ, Devadasan N: Tobacco use and related factors among pre-university students in college in Bangalore, India; Natl Med J India. 2009 Nov-Dec; 22(6):294-7.
13. Chaturvedi HK, Phukan RK, Zoramtharga K, Hazarika NC, Mahanta J: Tobacco use in Mizoram, India: sociodemographic differences in pattern; Southeast Asian J Trop Med Public Health. 1998 Mar; 29(1):66-70.
14. Chomba E, Tshetu A, Onyamboko M, Kaseba-Sata C, Moore J, McClure EM, Moss N, Goco N, Bloch M, Goldenberg RL: Tobacco use and secondhand smoke exposure during pregnancy in two African countries: Zambia and the Democratic Republic of the Congo; Acta Obstet Gynecol Scand. 2010; 89(4):531-9.
15. Clark E, McCann TV: The influence of friends on smoking commencement and cessation in undergraduate nursing students: a survey; Contemp Nurse. 2008 Feb; 27(2):185-93.